

Panhandle Health District I

On-Site Sewage System Application

A site evaluation is not an approval or a permit to install a septic system. Permit approval depends on the following: Site evaluation approval, the predicted maximum daily sewage flow; house size and location; well / spring location; surface water locations; changes to native soil (road cuts, grading, benching); distance to neighboring structures (wells, buildings, drainfields); proposed land use; soil quality; other issues of concern.

Permits to construct a septic system are not granted until all such issues are addressed and / or submitted in writing as part of the plot plan / permit application AND found to be consistent with current regulations. Site Evaluations and Septic Permits are valid one (1) year from date of issuance.

**ANY CHANGES TO THE SITE OR CONDITIONS OF THE APPLICATION AFTER
ISSUANCE OF THE PERMIT MAY RENDER THE PERMIT INVALID.**

☐ Site Evaluation

☐ Site Evaluation & Permit

☐ Permit

Owner's Name _____ Date _____

Mailing Address _____ Phone # _____

City _____ State _____ Zip _____

LEGAL DESCRIPTION: T. R. S. Parcel # _____

Subdivision _____ Lot _____ Block _____ Size ^(Acres) _____

Location / Directions
/ Physical Address _____

Applicant Name _____

Mailing Address _____ Phone # _____

City _____ State _____ Zip _____

Applicant is: ☐ Landowner ☐ Contractor ☐ Installer ☐ Other _____

Type of Septic Installation ☐ New ☐ Replacement (failed system) ☐ Upgrade/Expansion

Proposed Use ☐ Individual ☐ Community ☐ Large Soil Absorption
(3 to 9 dwellings) (2,500 gal / day or 10 or more dwellings)

Is there an existing dwelling on this parcel? ☐ Yes ☐ No Description _____

Type of Dwelling

☐ Single Family Residence ☐ Commercial _____

☐ Multiple Family Res. ☐ Other _____

(For Single & Multiple Family Residences Only)

of Bedrooms _____ # of Baths _____ Sq. Ft. _____ # of People _____

of Living Units _____ Garbage Disposal ☐ Yes ☐ No

(For Community, Commercial, Large Soil Absorption & Engineered Systems Only)

Average Daily Flow _____ Peak Daily Flow _____

Highlighted areas are required for the Permit Process to be initiated; all information required for completion

In the space provided below please ✓ or ✗ any of the appropriate boxes. Include descriptions where possible (i.e. Surface Water – Twin Lakes). Please provide a dimensional plot plan including: all marked items below; location and size of proposed or existing drainfields and associated replacement area(s); home site; location of and distances from all existing water supply system features; proposed or existing storm water management structures, property lines, easements and right-of-ways; neighboring structures of concern; location & size of all buildings and structures on the property.

☐ Surface Water _____

☐ Canals /ditches _____

☐ Well - public / private _____

☐ Spring _____

☐ Easements _____

☐ Other _____

☐ Waterline - public / private _____

☐ neighboring dwelling _____

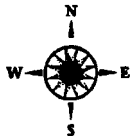
☐ Neighboring wells _____

☐ Cut Banks _____

☐ Property Line _____

PLOT PLAN

Parcel Number _____



Signature _____

Date _____

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected or my permit cancelled. I accept the responsibility to notify Panhandle Health District of any changes to the above information if performed prior to completion of the permitted system.

Highlighted areas are required for the Permit Process to be initiated; all information required for completion

Directional Map